FORM D 127/833 03039733

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	F- '					
	Expires:	May 31, 2005				
L	istimated average burden hours per response 16.00					
	SEC	JSE ONLY				
	Prefix	Serial I				

DATE RECEIVED

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) CCO Holdings, LLC and CCO Holdings Capital Corp. 8 3/4% Senior Note Offering	PROCESSED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
(1) CCO Holdings, LLC and (2) CCO Holdings Capital Corp., Co-Issuers	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telepho	one Number (Including Area Code)
12405 Powerscourt Drive, St. Louis, MO 63131 (314) 9	65-0555
	one Number (including Area Code)
(if different from Executive Offices) Same Same	
Brief Description of Business	
CCO Holdings, LLC is a holding company the subsidiaries of which own and operate cable television systems. CCO Hold	ings Capital Corp. has no independent
operations or subsidiaries and was formed solely to be a co-issuer of the Senior Notes with CCO Holdings, LLC.	
Type of Business Organization	
(2) ☒ corporation ☐ limited partnership, already formed ☐ (1) ☒ other (please specify): lim	ited liability companys to the second
□ business trust □ limited partnership, to be formed	
Month Year	DEC 01 2063
Actual or Estimated Date of Incorporation or Organization: (1) 0 6 0 3 🗵 Actual	☐ Estimated
(2)	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	and the second s
CN for Canada: FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales or securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or **Managing Partner** Manager and Ultimate Parent Full Name (Last name first, if individual) Charter Communications, Inc. ("CCI") Business or Residence Address (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or **Managing Partner** Director & Controlling Owner of CCI Full Name (Last name first, if individual) Allen, Paul G. Business or Residence Address (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Vogel, Carl E. Business or Residence Address (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131 Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Shaw, Curtis S. Business or Residence Address (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Martin, Paul E. Business or Residence Address (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131 ☐ Beneficial Owner Check Box(es) that Apply: Promoter □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Schumm, Steven A.

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Executive Officer

□ Director

☐ General and/or Managing Partner

□ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

□ Promoter

12405 Powerscourt Drive, St. Louis, MO 63131

12405 Powerscourt Drive, St. Louis, MO 63131

Full Name (Last name first, if individual)

Check Box(es) that Apply:

Davis, Wayne

			A. BASIC IDEN	TIFICATION DATA			
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		☐ Director		General and/or Managing Partner
Full Name (Last name first, if in Bellville, Margaret A.	ndividual)						,
Business or Residence Address 12405 Powerscourt Drive, St. L		City	, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	\boxtimes	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir CCH II, LLC, a Delaware limite		00%	beneficial owner of C	CO Holdings, LLC)			
Business or Residence Address 12405 Powerscourt Drive, St. L		City	, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	Ø	Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir CCO Holdings, LLC, a Delawar		any	(100% beneficial own	er of CCO Holdings Capita	l Corp.)		
Business or Residence Address 12405 Powerscourt Drive, St. L		City,	, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)						
Business or Residence Address	(Number and Street, 0	City,	, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	idividual)						7.11.11
Business or Residence Address	(Number and Street, C	City,	State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	dividual)						
Business or Residence Address	(Number and Street, 0	City,	State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	dividual)						
Business or Residence Address	(Number and Street, C	City,	State, Zip Code)			_	
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	dividual)						
Business or Residence Address	(Number and Street, C	City,	State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ir	dividual)				 		
Business or Residence Address	(Number and Street, C	City,	State, Zip Code)				
and the state of t	(Use blank	she	et, or copy and use add	litional copies of this sheet,	as necessary.)		

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			hair bila	the section	В	. INFORM	A HUN At	OUI OFF	ERING					
1.	Has th	ne issuer sol	d, or does th										Yes □	No ⊠
2.	What	is the minir	num investr			endix, Colum from any indiv				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$ None	e
2					-						********************		Yes ⊠	No □
3.														ш
4.	simila associ dealer	ir remunerat iated person	ion for solid or agent of nan five (5)	citation of pu f a broker or persons to be	rchasers in c dealer regist	has been or vonnection with ered with the ssociated personal erection.	h sales of sec SEC and/or	curities in the with a state	offering. If or states, list	a person to b the name of	e listed is an the broker or			
		(Last name LICABLE	first, if indiv	vidual)										
Busi	iness or	Residence	Address (Ni	umber and St	reet, City, Sta	ate, Zip Code)								
Nan	ne of As	ssociated Br	oker or Dea	ler					***		***			
State	es in W	hich Person	Listed Has	Solicited or I	ntends to So	licit Purchaser	S							
(C	heck "A	All States" o	r check indi	vidual States)							A11	States	
AL		AK	AZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID	
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RI		SC	SD	TN	TX	UT	VY	VA	WA	wv	WI	WY	PR	
Full	Name ((Last name	first, if indiv	ridual)							-			
Busi	ness or	Residence	Address (Nu	ımber and Str	reet, City, Sta	ite, Zip Code)		 -	·					
Nam	ne of As	ssociated Br	oker or Dea	ler								<u> </u>		
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Full	Name (Last name	irst, if indiv	ridual)										
Busi	ness or	Residence .	Address (Nu	ımber and Str	reet, City, Sta	ate, Zip Code)	· 							
Nam	ne of As	ssociated Br	oker or Dea	ler					. 1.4					
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	. L									<u></u>				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt (8 3/4% Senior Notes due 2013)	\$	500,000,000	\$ _	500,000,000*
	Equity	\$	-0-	\$	-0-
	Common Preferred				
	Convertible Securities (including warrants)	s	- 0-	s	
	Partnership Interest	_	-0-		
	Other (Specify:)		- 0 -		
		_		_ -	
	Total	\$	500,000,000	\$	500,000,000*
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		4	\$	500,000,000*
	Non-accredited Investors		- 0 -		
	Total (for filings under Rule 504 only)	-	- 0 - N/A		- 0 - N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	-	IVA	⁻ -	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	\$	N/A	_ \$ _	N/A
	Regulation A	\$	N/A	_ \$ _	N/A
	Rule 504	\$	N/A	_ \$ _	N/A
	Total	\$	N/A	\$ _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees				\$
	Printing and Engraving Costs			\boxtimes	\$1,000,000
	Legal Fees			\boxtimes	\$1,200,000
	Accounting Fees			\boxtimes	\$350,000
	Engineering Fees				s
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify) (Underwriters' discount)			\boxtimes	\$ 7,229,000
	Total			\boxtimes	\$ 9,779,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{*} Proceeds to Issuer of \$492,771,000 after underwriters' discount of \$7,229,000.

100	C. OF DEKING PRICE, NOWIDER	OF INVESTORS, EXPENSES AF	AD 621	L OF TRUCELL	3 4 × 2 .	2.73.1	Salata Salata (Salata)
	b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C – Question 4.a. proceeds to the issuer."	This difference is the "adjusted gross			\$		490,221,000
5.	Indicate below the amount of the adjusted gross proceeds to the is each of the purposes shown. If the amount for any purpose is not the box to the left of the estimate. The total of the payments listed to the issuer set forth in response to Part $C-$ Question 4.b above.	known, furnish an estimate and check I must equal the adjusted gross proceeds					
				Payments to Officers, Directors, & Affiliates			yments To Others
	Salaries and fees			\$		\$_	· <u>-</u> -
	Purchase of real estate			\$		\$_	~_###-
	Purchase, rental or leasing and installation of machinery an	d equipment		\$		\$_	
	Construction or leasing of plant buildings and facilities			\$		s _	
	Acquisition of other businesses (including the value of secu offering that may be used in exchange for the assets or security and the security of the security	urities of another		e.		\$	
	issuer pursuant to a merger)			3		J	
	Repayment of indebtedness			\$		\$ -	
	Working capital (including payment on principal amoun bank credit facilities)	ts outstanding under subsidiaries'		\$	_ 🛛	\$ _	490,221,000
	Other (specify):			\$		\$_	
				\$		\$	
	Column Totals			\$		\$	490,221,000
	Total Payments Listed (column totals added)				490,221	,000	
	D	FEDERAL SIGNATURE	(1. // 200. ^A)				
an	e issuer has duly caused this notice to be signed by the undersigned undertaking by the issuer to furnish to the U.S. Securities and Excha-accredited investor pursuant to paragraph (b)(2) of Rule 502.	duly authorized person. If this notice is ange Commission, upon written request of	filed und of its stat	der Rule 505, the fol ff, the information f	llowing s urnished	signa by t	ture constitutes the issuer to any
Iss	uer (Print or Type)	Signature		Date			
	CO Holdings, LLC and CO Holdings Capital Corp., Co-Issuers	Λ		No	vembe	er 2	24, 2003
_	CO Holdings Capital Corp., Co-issuels		VV				
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					
M	arcy Lifton	Vice President		•			
_							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.— Not Applicable

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
CCO Holdings, LLC and CCO Holdings Capital Corp., Co-Issuers	Marcylest	November 24, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Marcy Lifton	Vice President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX

Intend to sell to non-accredited nvestors in State (Part B-Item 1) Yes No	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of Accredited Investors	amount pur	nvestor and chased in State C-Item 2) Number of Non-Accredited Investors	Amount	Disqual under Sta (if yes, attach of waiver (Part E- Yes	te ULOE explanation granted)
Ves No		Accredited	Amount	Non-Accredited	···	Yes	No
				 			
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APPENDIX

1		2	3			4		1	5 lification
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of i amount pure (Part C	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State MO	Yes	No		Investors	Amount	Investors	Amount	Yes	No
МТ									
NE									
NV									
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APPENDIX

1		2	3			5 Disqualification			
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		under St (if yes, attac of waive	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

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